

# EXHIBIT 9

**Cook County Health and Hospitals System**

1900 West Polk Street, Chicago, Illinois 60612

Patient Name: MCGRAW, JEFF

Patient Type: Visit CHS

Birth Date:

Gender: Male

Admission Date: 5/7/2015

Discharge Date: 8/30/2019

FIN: 20150507039

MRN: 00645773z; 004278201c

CMRN: 1009779108

**Restricted Documents**Subjective Observation

MH Face to Face Time Spent with Patient: 10-15 minutes

Topics Discussed During Visit: Coping skills, How to contact MH, Positive thinking

Session Participants: Patient

History of Present Illness

Pt seen in D9 by this writer in terms of IAHJ submittal stating "Death in Family." Pt presents with green jumper. He is observed to be calm and cooperative. Pt states "My little cousin just got killed yesterday. He was only thirteen." Pt recalls receiving the news from family members on the phone. Pt endorses their continued supportiveness. Pt is provided with brief bereavement counseling, encouragement and supportive therapy. Pt is able to self advocate. Pt is a+Ox4, denies SI, HI, a/VH, no distress observed, future orientation exhibited "I beat my murder cases and now it's just an attempt murder left. I'm hoping to beat it too." Pt made aware of upcoming psychiatric appointment. He is able to return to housing as he is appropriate for the setting.

Objective Observation

Hallucinations Present: None

Mental Status ExamMental Status Exam

## Sensorium

Orientation Assessment: Oriented x 4

Level of Consciousness: Alert

## Objective Observation

Hallucinations Present: None

Appearance (JTDC): Appropriate

Eye contact MH: Good

Demeanor: Cooperative

CHS Psychomotor Behavior: No problem identified

CHS Speech: No problem identified

Speech Rate: No problem identified

CHS Speech Volume: No problem identified

CHS Speech Rhythm: No problem identified

CHS Speech Amount: No problem identified

Affect: Calm

CHS Affect Range: Broad

CHS Affect Congruence: Congruent with thought content

CHS Mood: No disturbance

CHS Delusions: No problem identified

CHS Thought Process: No problem identified

CHS Highest Level of Education: General Education Development

Suicide Risk ScreenSuicide Risk Screen

Detainee's most serious charge(s): murder / attempt murder

Detainee may be a suicide risk: No

EMR/Cerner reviewed for Serious Suicide: Yes

Detainee has experienced a significant: No

Medications

acetaminophen 325 mg oral tablet, 650 MG= 2 TAB, PO, Q 4 Hr, PRN

Albuterol CFC free 90 mcg/inh inhalation aerosol with adapter, 2 PUFF, Inhalation, QID kop, PRN

amLODIPine, 10 MG= 1 TAB, PO, Daily  
bictegravir/emtricitabine/tenofovir (Biktarvy) 50 mg-200 mg-25 mg oral tablet, 1 TAB, PO, Bedtime

chlorhexidine topical 0.12% liquid (oral rinse), 15 mL, Swish and Spit, BID

divalproex sodium 500 mg oral delayed release tablet, 500 MG= 1 TAB, PO, Q 12 Hr

gabapentin, 200 MG= 2 CAP, PO, BID

hydroCHLORothiazide, 25 MG= 1 TAB, PO, Daily

naproxen, 500 MG= 1 TAB, PO, Q 12 Hr, PRN

prazosin, 2 MG= 2 CAP, PO, Bedtime

Sodium Chloride 0.9% - Fluid Bolus, 1000 mL, IVPB, Once

sulfamethoxazole-trimethoprim 800 mg-160 mg DS tablet, 1 TAB, PO, Q 12 Hr

traZODone, 200 MG= 2 TAB, PO, Bedtime

venlafaxine, 150 MG= 2 TAB, PO, Q 12 Hr

ziprasidone, 40 MG= 1 CAP, PO, Q 12 Hr

Allergies

No Known Allergies

Report Request ID: 275003139

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Facility: CHS

Location: RCDC

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**Cook County Health and Hospitals System**

1900 West Polk Street, Chicago, Illinois 60612

Patient Name: MCGRAW, JEFF

Patient Type: Visit CHS

Birth Date: -----

Gender: Male

Admission Date: 5/7/2015

Discharge Date: 8/30/2019

FIN: 20150507039

MRN: 00645773z; 004278201c

CMRN: 1009779108

**Restricted Documents**

Plan - MH: Other: Pt. was cleared to remain in current living.

GOODFRIEND, HIROKO - 08/21/2015 11:08

(As Of: 08/21/2015 11:15:34 CDT)

Problems(Active)Kidney stone (SNOMED CT  
:158296018)

Name of Problem: Kidney stone ; Recorder: SKRIVAN PA-C,  
PAUL A; Confirmation: Confirmed ; Classification: Medical ;  
Code: 158296018 ; Contributor System: PowerChart ; Last  
Updated: 1/5/2015 17:16 ; Life Cycle Status: Active ;  
Responsible Provider: SKRIVAN PA-C, PAUL A; Vocabulary:  
SNOMED CT

UTI (lower urinary tract  
infection) (SNOMED CT  
:8683012)

Name of Problem: UTI (lower urinary tract infection) ;  
Recorder: SKRIVAN PA-C, PAUL A; Confirmation: Probable ;  
Classification: Medical ; Code: 8683012 ; Contributor System:  
PowerChart ; Last Updated: 1/5/2015 17:17 ; Life Cycle  
Status: Active ; Responsible Provider: SKRIVAN PA-C, PAUL  
A; Vocabulary: SNOMED CT

Document Type:

Service Date/Time:

Result Status:

Perform Information:

Sign Information:

MH Treatment Plan CHS

8/22/2015 02:02 CDT

Auth (Verified)

JACOBOWSKI, KATIE A (8/22/2015 02:02 CDT)

JACOBOWSKI, KATIE A (8/22/2015 02:02 CDT)

Mental Health Admission/Progress Note Entered On: 08/22/2015 02:06  
Performed On: 08/22/2015 02:02 by JACOBOWSKI, KATIE A

**Mental Health Admission/Progress Note**

**Subjective Observation :** Received email from Dr. Jones via Dr. Kelner stating: "Please inform staff [DOC] to refer the inmate below for a mental health assessment. His mother left a voicemail and stated she informed him that his uncle was killed this week. Staff will need to indicate the reasons for the assessment on the interagency form." Pt. a 21 year-old, AA male, referred from Division 10 per IAH ("Email sent by mother that the uncle of McGraw was killed. Psych eval"). Incarcerated since 5/7/15. Presented via telehealth as alert, oriented x 4, appropriate affect, endorsed a "feeling really down" mood, calm and cooperative demeanor, appropriately groomed. Expressed himself in a coherent and lucid manner. No evidence of a thought disorder or perceptual disturbances, no overt psychotic symptoms noted - denied SI, HI, AVH at this time. Denied psychiatric hx including suicide attempts/self-harm behaviors. Pt. reported feeling suicidal a few days ago when he first learned of his uncle's death, but stated he talked to his cellie and no longer felt suicidal. Pt. denied having a plan for harming self. Pt. reported having panic attacks citing "hands shaking, tightness in my chest." Pt. states he takes deep breaths and counts backwards when this happens. Pt. reported he has court next week and is supposed to be bonded out so he can attend the

Report Request ID: 275003135

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Facility: CHS

Location: RCDC

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**Cook County Health and Hospitals System**

1900 West Polk Street, Chicago, Illinois 60612

Patient Name: MCGRAW, JEFF

Patient Type: Visit CHS

Birth Date:

Gender: Male

Admission Date: 5/7/2015

Discharge Date: 8/30/2019

FIN: 20150507039

MRN: 00645773z; 004278201c

CMRN: 1009779108

**Restricted Documents**VALCO, JESSICA - 07/14/2015 12:40  
(As Of: 07/14/2015 12:45:56 CDT)Problems(Active)Kidney stone (SNOMED CT  
:158296018 )Name of Problem: Kidney stone ; Recorder: SKRIVAN PA-C,  
PAUL A; Confirmation: Confirmed ; Classification: Medical ;  
Code: 158296018 ; Contributor System: PowerChart ; Last  
Updated: 1/5/2015 17:16 ; Life Cycle Status: Active ;  
Responsible Provider: SKRIVAN PA-C, PAUL A; Vocabulary:  
SNOMED CTUTI (lower urinary tract  
infection) (SNOMED CT  
:8683012 )Name of Problem: UTI (lower urinary tract infection) ;  
Recorder: SKRIVAN PA-C, PAUL A; Confirmation: Probable ;  
Classification: Medical ; Code: 8683012 ; Contributor System:  
PowerChart ; Last Updated: 1/5/2015 17:17 ; Life Cycle  
Status: Active ; Responsible Provider: SKRIVAN PA-C, PAUL  
A; Vocabulary: SNOMED CT

Document Type:

Service Date/Time:

Result Status:

Perform Information:

Sign Information:

MH Treatment Plan CHS

8/21/2015 11:08 CDT

Auth (Verified)

GOODFRIEND,HIROKO (8/21/2015 11:08 CDT)

GOODFRIEND,HIROKO (8/21/2015 11:08 CDT)

Mental Health Admission/Progress Note Entered On: 08/21/2015 11:15  
Performed On: 08/21/2015 11:08 by GOODFRIEND, HIROKO**Mental Health Admission/Progress Note**

**Subjective Observation :** Patient was seen in Div10 1D with a referral from a CRW. According to CRW, patient was informed that his family member passed away two nights ago and his family is concerned about his well-being. Patient reports that his uncle was "robbed and killed" and he feels "angry" about what happened. Current thoughts of harming/killing himself as well as past suicide attempt are denied. Patient appears to be sad but remains focused, calm & cooperative during the interview. Supportive counseling was provided, and spirituality was discussed. Patient was educated on HSR process and is to seek for support as needed. Patient is to remain in current living.

**Medication Complicance :** N/A**Side effects to medication :** N/A**MH Appetite :** Good**Weight Change :** No change**MH Sleep :** No change**General Hygiene :** Fair

Report Request ID: 275003135

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11/12/1993

00645773z; 004278201c  
0719672693

\* Auth (Verified) \*

**Chicago Fire Department Incident #: 122312192**

PAGE 1

3510 S.Michigan Ave. (312) 745-4200 Chicago, IL 60616 Patient: JEFF MCGRAW

**INCIDENT**

Incident # 122312192  
Incident Type GUN SHOT VICTIM  
Address 3800 S PRINCETON  
City,St,Zip CHICAGO, IL,  
Loc.Type CITY STREET  
Loc.UponDisp QUARTERS  
Status EMERGENCY  
Agency/Unit CFD / A36  
Shift/Veh EMS 2 /  
Skillset ALS  
Hosp Order# 2  
Crew

**PATIENT**

Patient Name: JEFF MCGRAW  
Sex: M DOB: Age: 18YR  
Weight: Race: African American  
Address:  
City,St,Zip CHICAGO, IL  
SSN: - -  
Resp Party Name: MCGRAW  
Resp Party Addr:  
Witness/Guardian: DURKIN, IIR PtRep unw/una

**DATES/TIMES**

Dispatched 22:33, 08/18/2012  
Enroute 22:33  
At Scene 22:38  
At Patient 22:40  
Departed Scene 23:19  
At Destination  
In Service  
At Quarters

JOHN DURKIN, 14041, AMBICMDR AC/PIC  
RICARDO JR. MONTIEL, 20525, P FPM

**Hx PRESENT**

Subject Description / Details  
CAUSE GSW;  
COMPLAINT ARM GSW AOTH ARMS RIGHT THIGH RIGHT LOWER CHEST;  
SYMPTOMS ANXIOUS;

PATIENT FOUND ON STREET MULTIPLE GSW TO BOTH ARMS, RIGHT THIGH, RIGHT LOWER CHEST, AND STAB WOUND TO BACK SHOULDER AREA. ALS CARE PROVIDED AND TRANSPORTED. CPD ON SCENE FOR CROWD AND RIOT CONTROL. AMBULANCE BEING ATTACKED BY BY-STANDER'S AT SCENE. TRAUMA ALERT TO STROGERS. PATIENT HISTORY OF ASTHMA. NO FURTHER HISTORY AVAILABLE. ALL TIMES OF EVENTS ARE NOT ACCURATE.

**Hx PAST**

Subject Description / Details  
ALLERGIES UNKNOWN;  
MEDS NONE: NONE: NONE: NONE: UNKNOWN;  
PREEXIST NONE: ASTHMA;

**FINDINGS**

Subject Description / Details  
IMPRESSION GSW;  
PHYSICAL MULTIPLE GSW BOTH ARMS RIGHT THIGH GRAZE WOUND TO RIGHT CHEST;

**CARE EVENTS**

Time	Subject	Description/Details
		BP P R SpO2 Pos
22:56	LOC	ORIENTATION ORIENTED X J. AVPU ALERT
22:56	AIRWAY	STATUS PATENT
22:56	BREATH	QUALITY NON-LABORED. (R) LS CLEAR. (L) LS CLEAR. CHEST WALL EXPANSION EQUAL EXPANSION
22:56	CIRCUL	STATUS PRESENT, SITE RADIAL. STRENGTH BOUNDING, REGULARITY REGULAR, CAP. REFILL NORMAL (< 2 sec)
22:56	GCS	SCORE 15, EYES 4-SPONTANEOUS, VERBAL 5-ORIENTED, MOTOR 6-OBEYS COMMANDS
22:56	SKIN	TEMP NORMAL, COLOR NORMAL, MOISTURE NORMAL
22:56	EYES	(R) REACTIVITY REACTIVE. (L) REACTIVITY REACTIVE.
22:56	NEURO	FACIAL DROOP NONE, ARM DRIFT NONE, SPEECH NORMAL, GRIPS STRONG - BILATERAL
22:56	VITALS	148 22 100% WITHO2
23:00	TREATMENT	OXYGEN, INDICATION: TRAUMA CARE, TX AUTHORIZATION: SMO'S, DELIVERED BY: NRB MASK, FLOW RATE: 25 LPM. PROVIDER: DURKIN J
23:00	TREATMENT	ECG, RESULTING RHYTHM: SINUS TACHYCARDIA. PROVIDER: DURKIN J
23:01	TREATMENT	IV ACCESS, INDICATION: TRAUMA CARE, TX AUTHORIZATION: SMO'S, DEVICE: IV CATHETER, GAUGE: 14, SITE: (R) AC, RESULT: SUCCESSFUL, FLUID: NORMAL SALINE, RATE: WIDE OPEN, VOLUME INFUSED: 1000CC, PROVIDER: MONTIEL R

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\* Auth (Verified) \*



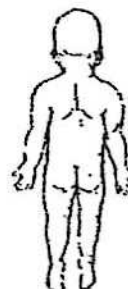
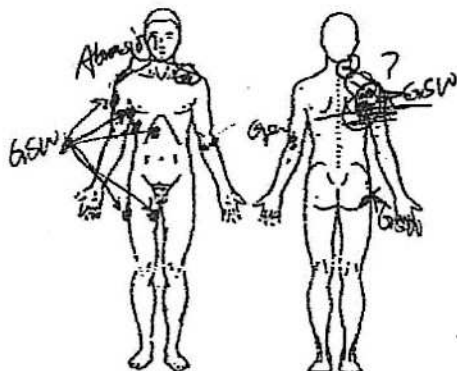
**John H. Stroger, Jr. Hospital of Cook County**  
1901 W. Harrison St., Chicago, Illinois 60612-9985, Telephone 312/864-6000



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BURN / WOUND DIAGRAM

60 GSWs



LABORATORY RESULTS

ABG pH PCO2 PO2

HCO3 O2 Sat

FI02

U/A

ETOH LEVEL

Ser OSMOLS

TOXICOLOGY SCREEN

ECG RESULT

ADDITIONAL LABS

PERCENT  
SURFACE AREA BURN

RADIOLOGY RESULTS

PLAIN XRAY

C SPINE

☒ CXR

☒ PELVIS

T L S

ETREMITIES

FACE

☒ OTHER KUBs

SPECIALS

CT HEAD

☒ CT ABDO

ARCH

ABD U/S

ECHO

IVP / CYSTOGRAM

OTHER

PROCEDURES

☒ DPL: TAP 1 CELL COUNT:

CHEST TUBES LEFT / RIGHT / BILATERAL

ED THORACOTOMY LEFT / RIGHT / BILATERAL

INTUBATION / CRICOTHYROIDOTOMY

ET / TRACH SIZE

VENT SETTINGS MODE / RATE

VT

FI02 / PEEP

INTUBATION DRUGS

FORM: F-958 REVISED NOV 12 98

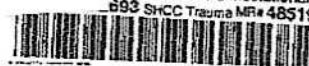
IMPRINT PLATE

CK McGRAW, JEFF

Age-18 Y FC-Institutional

693 SHCC Trauma MR# 4851965

08/18/12

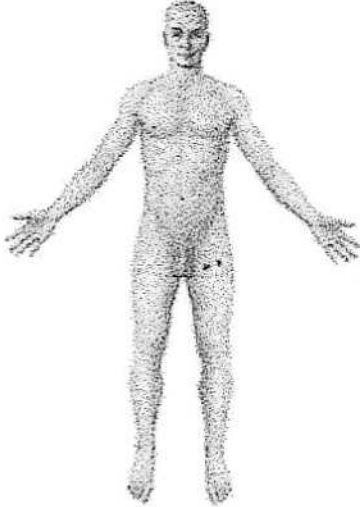


ADVOCATE CHRIST MEDICAL CENTER  
4440 West 95th Street  
Oak Lawn, IL 60453-2600

ADVOCATE CHILDREN'S HOSPITAL  
Oak Lawn Campus

### History and Physical Documentation

Attachment(s):  
6/14/2013 16:42 CDT



Addendum by FORT-MD, BRIAN on 14 June 2013 17:33  
ABI: L: 150/150 = 1, R 150/150 = 1

#### ED Trauma Note - AHC

Patient: DOE, IRMIN MRN: CMC-001401225 FIN: 556217206  
Age: 19 years Sex: MALE DOB: 01/01/94  
Associated Diagnoses: Open wound of buttock  
Author: FORT-MD, BRIAN

#### Trauma History

Time Seen: Date & time 06/14/13 16:42:00.  
History Source: patient.  
Arrival Mode: Ambulance.

#### History of Injury

Trauma team activated.  
19 yo M w/ no pmh presenting with multiple GSW. Pt was sitting in car when shot. heard 6 gun shots. Pt has 2 wounds L anterior thigh, 1 wound R buttock, 1 wound R posterior lateral thigh, 1 wound L buttock, 1 wound, 1 wound L posterior thigh. pt is neurovascularly intact distal to wounds b/l. no sob, no cp..

#### Airway

On arrival airway is: intact.

#### Breathing

Breathing is: spontaneous.  
Breath sounds are: equal bilaterally.

#### Circulation

Palpable pulses present: carotid (right 2+, left 2+), radial (right 2+, left 2+), femoral (right 2+, left 2+), dorsalis pedis (right 2+, left 2+), posterior tibial (right 2+, left 2+).

Printed Date/Time: 10/28/2024 20:06 CDT  
Printed By: Stallworth, Erma J  
Report Request ID: 299356850

Patient Name: MCGRAW, JEFF  
Sex: MALE MRN: CMC-001401225  
DOB: FIN: 556217206



\* Auth (Verified) \*

**Chicago Fire Department** Incident # 131651453  
3510 S Michigan Ave 2nd Floor Patient JEFF MCGRAW  
Chicago IL 60616 (312) 745-4200

PAGE 1

INCIDENT		PATIENT	DATES/TIMES	
Incident #	131651453	Patient Name	JEFF MCGRAW	Dispatched 15 35 41 06/14/2013
Incident dispatch	GUN SHOT VICTIM	Sex	M DOB	Age 19YR Enroute 15 37 46
Incident found	GUN SHOT VICTIM	Weight	Race/Eth African American	At Scene 15 42 53
Address	W 95TH ST / S LAFAYETTE AV AND S LA	Address	E 4727 S INDIANA	At Patient 15 42
City St Zip	CHICAGO IL 60620	City St Zip	CHICAGO IL 60615 USA	Departed Scene 15 55 56
Loc Type	STREET / HIGHWAY	SSN	000 00 0000	At Destination 16 07 09
Loc Upon Disp	QUARTERS	Resp Party Name	MCGRAW	In Service
Status	EMERGENCY	Resp Party Addr	4727 S INDIANA CHICAGO IL 60615	At Quarters
Agency/Unit	CFD / A24			
Shift/Veh	EMS 2 /			
Skillset	ALS			
Delay to scn	TRAFFIC			
Crew				
JUDY TOWNSEND 16130 PIC AC/PIC				
ADAM RYDER 19971 P FPM				

### Hx PRESENT

Subject	Description / Details
CAUSE	GSW (GUNSHOT WOUND)
COMPLAINT	HIP GSW PENIS BLEEDING DURATION STILL PRESENT BUTTOCKS GSW
SYMPTOMS	BLEEDING

PATIENT AMBULATORY AT SCENE C/O BEING SHOT PATIENT HAS 5 GSW 1 IN EACH BUTTOCKS CHEEK 1 IN LEFT SIDE THIGH 2 IN THE FRONT OF THE UPPER LEFT THIEF ABRASION TO LEFT SCROTUM AND BLEEDING FROM THE PENIS PATIENT IS AOX3 NO LOC DENIES BECK AND BACK PAIN NO OTHER TRAUMA NOTED TRANSPORT TRAUMA BYPASS TO CHRIST DOCUMENTED WITH U OF C

### Hx PAST

Subject	Description / Details
ALLERGIES	UNKNOWN
MEDS	NONE
PREEXIST	NONE

### FINDINGS

Subject	Description / Details
IMPRESSION	GSW
INITIAL	PT FOUND POSITION WALKING AT SCENE LOC ORIENTATION ORIENTED X 3 AVPU ALERT AIRWAY STATUS PATENT BREATH QUALITY NON LABORED (R) LS CLEAR (L) LS CLEAR CHEST WALL EXPANSION EQUAL EXPANSION CIRCUL STATUS PRESENT SITE RADIAL REGULARITY REGULAR GCS SCORE 15 EYES 4 SPONTANEOUS VERBAL 5 ORIENTED MOTOR 6 OBEYS COMMANDS SKIN TEMP NORMAL COLOR NORMAL MOISTURE NORMAL EYES (R) REACTIVITY REACTIVE (L) REACTIVITY REACTIVE (R) SIZE NORMAL (L) SIZE NORMAL
PHYSICAL	BLUNT TRAUMA

### CARE EVENTS

Time	Subject	Description/Details	BP	P	R	SpO2	Pos
15 42	Aid Prior Ca	CFD ALS ENGINE E93					
15 42	TREATMENT	BSI AMB CREW YES GLOVES YES					
15 43	TREATMENT	BSI AMB CREW YES GLOVES YES					
15 43	VITALS	148/86 110 22					



ADVOCATE CHRIST MEDICAL CENTER  
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Oak Lawn, IL 60453-2600

ADVOCATE CHILDREN'S HOSPITAL  
Oak Lawn Campus

### Pathology Documentations

Document Type: AP-Surgical  
Service Date/Time: 6/17/2013 10:48 CDT  
Result Status: Auth (Verified)  
Performed By:  
Signed By:  
Authenticated By:

#### AP - Surgical

Name: DOE, IRMJN MRN: 001401225  
DOB: Visit#: 556217206-AV

#### Surgical Pathology Report

Client: ADVOCATE CHRIST MEDICAL CENTER

Additional Physician(s): AARON D BERGER

Date Specimen Collected: 06/17/13 Accession #: CS13-7996  
Date Specimen Received: 06/17/13  
Date Reported: 6/20/2013 12:06 Location: 7EST-CM

#### Pathologic Diagnosis :

A: Bullet:

- Bullet fragment (gross examination only).

B: Bone fragments, foreign body in bladder; removal:  
- Fragments of bone and benign urothelium.

Vinubhai J. Patel, M.D.

\*\* Electronic Signature (VJP) 6/20/2013 12:06 \*\*

Clinical Information:  
Multiple gunshot wounds

Specimen(s) Submitted:

A: Bullet

B: Foreign body bone fragment in bladder

#### Gross Description:

A: The specimen is received unfixed labeled "bullet." The specimen consists of a fragment of dull gray metal measuring 1.7 x 0.7 x 0.3 cm. The specimen is saved and grossed only.

B: The specimen is received unfixed labeled "foreign body, bone fragments in bladder." The specimen consists of a fragment of bone with attached fibrous

Printed Date/Time: 10/28/2024 20:06 CDT

Printed By: Stallworth, Erma J

Report Request ID: 299356850

Patient Name: MCGRAW, JEFF

Sex: MALE

DOB:

MRN: CMC-001401225

FIN: 556217206

**ADVOCATE CHRIST MEDICAL CENTER**  
 4440 West 95th Street  
 Oak Lawn, IL 60453-2600

**ADVOCATE CHILDREN'S HOSPITAL**  
 Oak Lawn Campus

### History and Physical Documentation

#### Past Medical/ Family/ Social History

##### Medical history

10 GSW in past.

**Surgical history:** Negative.

**Social history:** Alcohol use: Denies, Tobacco use: Denies, Drug use: Denies.

#### Physical Examination

##### Vital Signs

ED Vital Sign.

06/14/13 16:16

Heart/Pulse Rate  
Pulse Source

87  
Monitor

**General:** Alert.

**Skin:** Warm, dry, GSW per HPI.

**Head:** Normocephalic, atraumatic.

**Neck:** Supple, trachea midline, no tenderness.

**Eye:** Pupils are equal, round and reactive to light, extraocular movements are intact.

**Ears, nose, mouth and throat:** Tympanic membranes clear, oral mucosa moist, no pharyngeal erythema or exudate.

**Cardiovascular:** Regular rate and rhythm, No murmur, Normal peripheral perfusion.

**Respiratory:** Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal, Symmetrical chest wall expansion.

**Chest wall:** No tenderness, No deformity.

**Back:** Nontender, Normal range of motion, Normal alignment, no step-offs.

**Musculoskeletal:** Normal ROM, normal strength, no tenderness, no swelling, no deformity.

**Gastrointestinal:** Soft, Nontender, Non distended, Normal bowel sounds, No organomegaly.

**Genitourinary:** No tenderness, no discharge, no blood at meatus, small abrasion L scrotum.

**Neurological:** Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, CN II-XII intact, normal sensory observed, normal motor observed, normal speech observed, normal coordination observed.

#### Medical Decision Making

**Notes:** 19 yo M w/ multiple GSW to legs and pelvis with hematuria

1) XR pelvis, abdomen, b/l femur

2) VUG

3) CT abd/pelvis with iv/rectal contrast

4) proctoscope

5) pain meds

6) admission

d/w attending

Brian Fort, PGY-2.

#### Impression and Plan

##### Diagnosis

Open wound of buttock (ICD9 877.0, Diagnosis, Medical)

Printed Date/Time: 10/28/2024 20:06 CDT

Printed By: Stallworth, Erma J

Report Request ID: 299356850

Patient Name: MCGRAW, JEFF

Sex: MALE

DOB:

MRN: CMC-001401225

FIN: 556217206

P. 9



ADVOCATE CHRIST MEDICAL CENTER  
4440 West 95th Street  
Oak Lawn, IL 60453-2600

ADVOCATE CHILDREN'S HOSPITAL  
Oak Lawn Campus

### Physician Documentation

Document Type:	Consultation
Service Date/Time:	6/15/2013 01:22 CDT
Result Status:	Auth (Verified)
Performed By:	KLEAN-DO,KEVIN (6/15/2013 01:38 CDT)
Signed By:	FAKHOURI-MD,ANTON J (6/26/2013 12:46 CDT); KLEAN-DO,KEVIN (6/17/2013 12:48 CDT)
Authenticated By:	KLEAN-DO,KEVIN (6/17/2013 12:48 CDT); KLEAN-DO,KEVIN (6/15/2013 09:17 CDT); KLEAN-DO,KEVIN (6/15/2013 02:13 CDT)

#### Ortho Consult

HPI: 19yo male presents to trauma bay s/p multiple GSW's to B/L buttocks/LE's. Pt reports he was at the "wrong place at the wrong time" and heard multiple gunshots followed by a sharp pain in B/L buttocks/LE's. Denies injury elsewhere. Pt found to have a fracture involving the pelvis as well as bladder injury upon w/u. Reports subjective decreased sensation in LLE in nonspecific distribution. Pt minimally cooperative with questioning and physical exam.

PMH: Denies, history of multiple GSW's to upper and lower extremities in past

PSH: Denies

Meds: Denies

All: NKDA

SHx: Aspiring rapper. +tobacco. +ETOH. Denies illicit.

PE:

Gen: Irritable. Minimally cooperative.

No TTP or pain with PROM B/L UE's.

RLE:

-2GSW's R buttock/posterior thigh

-No TTP or pain with PROM hip/knee/ankle

-+EHL/DF/PF

-L4-S1 SITLT

-Palp DP/PT pulses

-Comp soft

LLE:

-2 GSW's L buttock/posterior thigh, 1 GSW anterior thigh (through and through superficially)

-Pain elicited with attempted ROM L hip

-No pain with ROM L knee/ankle

-+EHL/DF/PF

-L4-S1 SITLT

-Palp DP/PT pulses

-Comp soft

X-rays/CT abd/pelvis reveal a Left superior pubic root fx with extension to medial wall of acetabulum, retained bullet fragments, small fragments noted at level of joint, old, healed fracture of R proximal femur with heterotopic ossification noted.

Printed Date/Time: 10/28/2024 20:06 CDT

Printed By: Stallworth, Erma J

Report Request ID: 299356850

Patient Name: MCGRAW, JEFF

Sex: MALE

DOB:

MRN: CMC-001401225

FIN: 556217206

ADVOCATE CHRIST MEDICAL CENTER  
4440 West 95th Street  
Oak Lawn, IL 60453-2600

ADVOCATE CHILDREN'S HOSPITAL  
Oak Lawn Campus

**Physician Documentation**

DIAGNOSIS: Left superior pubic rami fracture with acetabular fracture.

HISTORY OF PRESENT ILLNESS: The patient is a 19-year-old man with a previous history of gunshot wounds, presents again with gunshot wounds, who was brought to the emergency room at Christ Hospital with multiple gunshot wounds in the posterior aspect of both buttocks and left thigh. The patient states that due to these multiple gunshot wounds, he felt sharp pain to both buttocks. He has a previous history of gunshot wounds to both upper and lower extremities in the past.

PHYSICAL EXAMINATION: He has wounds in the posterior aspect of the left thigh and anterior aspect of the left thigh as well as both buttocks. Please see orthopedic notes for further detail. His x-rays were consistent with left superior pubic rami fracture with extension to the left acetabulum, which is a nonweightbearing portion. Does not appear there are any fragments in the joint. Also, noted these changes are consisting of previous proximal femur fracture with some heterotopic bone ossification.

IMPRESSION: Multiple gunshot wounds of both buttocks and left thigh with fracture of the left superior pubic rami with extension to the left acetabulum.

RECOMMENDATION: Recommend an appropriate IV antibiotic, which is presently being managed by the Trauma Service. Since he is nonweightbearing in portion of the acetabulum and may be weightbearing as tolerated, recommended course of physical therapy. His bladder injury is being managed by the Trauma Service. After appropriate antibiotics and after he passed physical therapy, he may be discharged from Orthopedic Service and follow up with Orthopedics after discharge, approximately 1 week after discharge.

Thank you for the consultation.

DATE AND TIME

Anton J. Fakhouri, M.D.

AJE/MEDQ-#722674

DD: 06/15/2013 22:25:19

DT: 06/15/2013 23:53:44

CC: Ellen Omi, M.D.

ADVOCATE CHRIST MEDICAL CENTER

CONSULTATION

MRN#: 001401225

DOE, IRMIN

Printed Date/Time: 10/28/2024 20:06 CDT

Printed By: Stallworth, Erma J

Report Request ID: 299356850

Patient Name: MCGRAW, JEFF

Sex: MALE

DOB:

MRN: CMC-001401225

FIN: 556217206



ADVOCATE CHRIST MEDICAL CENTER  
4440 West 95th Street  
Oak Lawn, IL 60453-2600

ADVOCATE CHILDREN'S HOSPITAL  
Oak Lawn Campus

### Physician Documentation

ROOM: 738 E 01  
ACCT#: 556217206 Consultation

Electronically Signed On 06/17/2013 09:19 AM

FAKHOURI-MD, ANTON J MC

Document Type: Discharge Summary Report  
Service Date/Time: 6/18/2013 13:47 CDT  
Result Status: Auth (Verified)  
Performed By: Brown-APN, Joanne K (6/18/2013 13:51 CDT)  
Signed By: MCELMEEL-MD, DAVIDPATRICK (7/2/2013 13:24 CDT);  
Brown-APN, Joanne K (7/2/2013 11:26 CDT)  
Brown-APN, Joanne K (7/2/2013 11:26 CDT); Brown-APN,  
Joanne K (7/2/2013 11:26 CDT); Brown-APN, Joanne K  
(7/2/2013 11:23 CDT); Brown-APN, Joanne K (6/18/2013  
14:59 CDT)  
Authenticated By:

#### Trauma DC summary

Patient: MCGRAW, JEFF MRN: CMC-001401225 FIN: 556217206  
Age: 19 years Sex: MALE DOB: 11/12/1993  
Associated Diagnoses: Trauma; Open wound of buttock; Multiple gunshot wounds; Fracture of pubis, open; Fracture of acetabulum, open; Bladder and  
urethra injury with open wound into cavity  
Author: Brown-APN, Joanne K

#### Results Review

##### General results

Today's results: ALL RESULTS VIEW

06/18/2013 12:00

Temperature - VS	36.9 deg_C Normal
Heart/Pulse Rate	102
Respiration Rate	18 breaths/min Normal
SpO2	98 % Normal
NIBP Systolic	128 Normal
NIBP Diastolic	82 Normal

#### Discharge Information

19 y/o M s/p GSW with hematuria sustaining small anterior extraperitoneal bladder injury and left superior pubic root fracture with extension to non-weight bearing portion of acetabulum. Urology consulted and recommended continuing foley for two weeks. Orthopedic surgery consulted and recommended WBAT RLE, physical therapy, and outpatient follow-up. While inpatient, patient required pain control, and foley care teaching. Patient safe for DC home with foley catheter, pain control, and outpatient follow-up.

**Discharge Summary Information:** Admitted 06/14/2013, Discharged 06/18/2013.

Admitting physician: OMI-MD, ELLEN C.

Consulting physician: BERGER-MD, AARON, FAKHOURI-MD, ANTON J.

Discharge medications: OTHER MEDICATIONS (Selected).

##### Prescriptions

##### Ordered

Colace (sodium) oral 100 mg capsule: 100 mg = 1 cap, Oral, BID, PRN for constipation, with plenty of water, Cap, # 20 cap, 0 Refills,  
Maintenance, given to patient

Printed Date/Time: 10/28/2024 20:06 CDT

Printed By: Stallworth, Erma J

Report Request ID: 299356850

Patient Name: MCGRAW, JEFF

Sex: MALE

DOB:

MRN: CMC-001401225

FIN: 556217206

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ADVOCATE CHRIST MEDICAL CENTER  
4440 West 95th Street  
Oak Lawn, IL 60453-2600

ADVOCATE CHILDREN'S HOSPITAL  
Oak Lawn Campus

### Physician Documentation

Electronically Signed On 06/16/2013 03:58 PM

ESPOSITO-MD, DOMENIC MD

Electronically Signed On 06/17/2013 09:09 AM

SALZMAN-MD, STEVEN MD

Document Type:	Physician Progress Notes
Service Date/Time:	6/17/2013 10:30 CDT
Result Status:	Auth (Verified)
Performed By:	LOMBARDO-DO,LINDSAY (6/17/2013 10:31 CDT)
Signed By:	LOMBARDO-DO,LINDSAY (6/17/2013 10:31 CDT)
Authenticated By:	LOMBARDO-DO,LINDSAY (6/17/2013 10:31 CDT)

Urology to sign off. Small anterior bladder injury, bullet fragment and bone fragment removed from bladder, RGPG negative for extravasation bilaterally.

Patient should get repeat cystogram by radiology in 14 days, if no extravasation at that time, foley can be removed. FU as needed with Dr. Berger. 7084238706 for appointment.

Electronically Signed On 06/17/2013 10:31 AM

LOMBARDO-DO, LINDSAY DO

Document Type:	Physician Progress Notes
Service Date/Time:	6/17/2013 11:50 CDT
Result Status:	Auth (Verified)
Performed By:	Bray-APN RN,Ashley Jacole (6/17/2013 11:52 CDT)
Signed By:	Bray-APN RN,Ashley Jacole (6/17/2013 16:19 CDT)
Authenticated By:	Bray-APN RN,Ashley Jacole (6/17/2013 16:19 CDT); Bray-APN RN,Ashley Jacole (6/17/2013 16:19 CDT)

#### Trauma Note

Patient: DOE, IRMIN MRN: CMC-001401225 FIN: 556217206  
Age: 19 years Sex: MALE DOB: 11/12/93  
Associated Diagnoses: None  
Author: Bray-APN RN, Ashley Jacole

Printed Date/Time: 10/28/2024 20:06 CDT  
Printed By: Stallworth, Erma J  
Report Request ID: 299356850

Patient Name: MCGRAW, JEFF  
Sex: MALE MRN: CMC-001401225  
DOB: FIN: 556217206



ADVOCATE CHRIST MEDICAL CENTER  
4440 West 95th Street  
Oak Lawn, IL 60453-2600

ADVOCATE CHILDREN'S HOSPITAL  
Oak Lawn Campus

### Computerized Tomography

Procedure:	Procedure Date/Time:	Accession #	Ordering Physician:	Status:
CT CYSTOGRAM SI	6/14/2013 22:50 CDT	CT-13-0122273	BHARDWAJ-MD,AMAR	Auth (Verified)
CT ABDOMEN AND	6/14/2013 22:50 CDT	CT-13-0122272	BHARDWAJ-MD,AMAR	Auth (Verified)
PELVIS W CON				

CLINICAL HISTORY: Gunshot wound.

FINDINGS: Initially CT cystogram was performed through a Foley catheter placed in urinary bladder. Subsequent to performance of the CT cystogram a CT scan the abdomen and pelvis was performed from the dome of the diaphragm to the perineum utilizing rectal and intravenous contrast material. No prior studies are available for comparison.

Instillation of contrast into the urinary bladder demonstrates a large filling defect surrounding the Foley catheter balloon representing hematoma. Extraperitoneal contrast extravasation as well as gas is noted anteriorly within the space of Retzius as well as posteriorly into the perirectal region. The findings are consistent extraperitoneal bladder rupture. A bullet projects along the right side of the urinary bladder with fragments inside the bladder lumen. A second bullet projects along the posterior right dome of the urinary bladder. Bladder injury secondary to the second bullet cannot be excluded.

Multiple bullet fragments overlies the proximal femoral shaft on the right. Heterotopic bone formation is noted in this area raising the possibility that this may represent an old gunshot wound rather than acute injury. Multiple bullet fragments project along the anterior pelvic floor just posterior to the symphysis and superior pubic rami. There is a fracture of the left ischium extending along the inferior aspect of the left acetabulum. Bullet fragments and gas project within the inferior aspect of the left hip joint. Soft tissue gas is noted within the left gluteal musculature with multiple bullet fragments along a bullet track. A bullet fragment projects within the proximal medial left thigh with soft tissue gas in this area as well.

A small hiatal hernia is present. The liver, spleen, adrenal glands, kidneys and the pancreas appear unremarkable. The retroperitoneum appears free from pathologic lymphadenopathy.

Within the pelvis extensive extravasated contrast and gas is noted within the space of Retzius as well as within the perirectal region with associated hematoma. This has increased from the earlier cystogram. There is uncertainty as to whether this represents contrast from the urinary bladder or less likely contrast from a rectal or colonic injury. Extravasated contrast does contact the anterior mid sigmoid region above the dome of the urinary bladder. Contrast extends within the inferior aspect of the left pararenal space anterior to left psoas muscle. The prostate gland cannot be evaluated nor can the seminal vesicles. No gross evidence of extravasated arterial contrast is noted.

#### IMPRESSION:

1. Extraperitoneal bladder injury with multiple bullet fragments in the area of the urinary bladder has described above. A hematoma is present the urinary bladder as well.
2. Increased in extravasated contrast material and gas on later images. The possibility of colonic injury therefore cannot be excluded although is less likely.
3. Multiple gunshot wounds as described above.
4. Fracture of the left ischium along the inferior left acetabulum with air and bullet fragments within the left hip joint space.
5. Findings suggesting old gunshot wound to the area the right anterior femur.

Printed Date/Time: 10/28/2024 20:06 CDT  
Printed By: Stallworth, Erma J  
Report Request ID: 299356850

Patient Name: MCGRAW, JEFF  
Sex: MALE  
DOB:   
MRN: CMC-001401225  
FIN: 556217206

ADVOCATE CHRIST MEDICAL CENTER  
4440 West 95th Street  
Oak Lawn, IL 60453-2600

ADVOCATE CHILDREN'S HOSPITAL  
Oak Lawn Campus

### General Diagnostic

Procedure: XR URETHROCYSTOGRA M RETROGRDE SI	Procedure Date/Time: 6/14/2013 19:07 CDT	Accession # XR-13-0339532	Ordering Physician: FORT-MD,BRIAN	Status: Auth (Verified)
---	---	------------------------------	--------------------------------------	----------------------------

CLINICAL HISTORY: Gunshot wound, hematuria.

FINDINGS: Retrograde injection was performed by the trauma service. The preliminary radiograph demonstrates multiple metallic fragments projecting over the lower pelvis with multiple small fragments projecting over the left pubic bones.

Retrograde instillation of contrast into urethra demonstrates patency of the urethra without evidence of extravasation during the injection. The post void radiograph demonstrates extraperitoneal contrast along the left side of the urinary bladder consistent with extraperitoneal bladder rupture.

#### IMPRESSION:

1. No evidence of urethral rupture on the limited study performed.
2. Evidence of extraperitoneal bladder injury.

\*\*\* FINAL \*\*\*

Transcribed By: TF  
06/14/13 9:57 pm

Dictated By: BENVENISTE-MD, JOEL S MD

Electronically Reviewed and Approved By: BENVENISTE-MD, JOEL S MD 06/14/13 9:58 pm

Procedure: XR UROGRAM RETROGRADE	Procedure Date/Time: 6/17/2013 10:30 CDT	Accession # XR-13-0343658	Ordering Physician: BERGER-MD,AARON	Status: Auth (Verified)
--	---	------------------------------	--	----------------------------

Retrograde urogram 06/17/2013.

HISTORY: Multiple gunshot wound victim.

COMPARISON: None.

31 seconds of fluoroscopic guidance were provided for Dr. Berger. Submitted intraoperative C-arm radiographs of the abdomen and pelvis show introduction of a cystoscope and retrograde opacification of the bilateral ureters and proximal, intrarenal right urinary collecting system. The ureters appear intact, of normal course and caliber bilaterally. No areas of contrast extravasation are observed. The right renal pelvis is not abnormally dilated, and mild calyceal blunting is noted, possibly due to the force of contrast injection. Overlying contrast within the right colon probably results from prior radiologic examination.

#### IMPRESSION:

Printed Date/Time: 10/28/2024 20:06 CDT  
Printed By: Stallworth, Erma J  
Report Request ID: 299356850

Patient Name: MCGRAW, JEFF  
Sex: MALE  
DOB:  
MRN: CMC-001401225  
FIN: 556217206



**Cook County Health**

1900 West Polk Street, Chicago, Illinois 60612

Patient Name: MCGRAW, JEFF

Patient Type: Emergency

Birth Date:

Gender: Male

FIN: 0770341766

Admission Date: 4/15/2016

Discharge Date: 4/16/2016

MRN: 00645773z; 004278201c

CMRN: 1009779108

**ED Note - Physician****Eye symptoms:** Negative except as documented in HPI.**ENMT symptoms:** Negative except as documented in HPI.**Respiratory symptoms:** Negative except as documented in HPI.**Cardiovascular symptoms:** Negative except as documented in HPI.**Gastrointestinal symptoms:** Negative except as documented in HPI.**Genitourinary symptoms:** Per HPI.**Musculoskeletal symptoms:** Negative except as documented in HPI.**Neurologic symptoms:** Negative except as documented in HPI.**Psychiatric symptoms:** Negative except as documented in HPI.**Endocrine symptoms:** Negative except as documented in HPI.**Hematologic/Lymphatic symptoms:** Negative except as documented in HPI.**Health Status****Allergies:**Allergic Reactions (All)

No Known Allergies.

**Past Medical/ Family/ Social History****Medical history**

Negative.

**Surgical history:** Past Surgical History from Triage : Surgery Description

4/15/2016 20:08

Surgery Description

Other: GSW BLADDER RUPTURE .

**Social history:** Alcohol use: Drinks 2 servings of alcohol daily, Tobacco use: Smokes 1 pack(s) per day, for the last 9 years, Drug use: Marijuana.**Additional Past History:** History of kidney stone in bladder last year requiring surgical extraction (at Northwestern), during surgery a bullet fragment was recovered. He was told at the time that he had a renal cyst, but there was no follow up.**Physical Examination****Vital Signs****Vital Signs Most Recent in Last 24 Hours**

20:08 20:08 20:08 20:08 20:08

BP HR RR O2Sat Oral Temp Rectal Temp

116/77 79 18 99 98.5

Report Request ID: 271941044

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Facility: Stroger

Location: SHCC ED

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88471C4D0EFC439AB2C0, MCGRAW, 22

P.16

**Cook County Health**

1900 West Polk Street, Chicago, Illinois 60612

Patient Name: MCGRAW, JEFF

Patient Type: Observation

Birth Date:

Gender: Male

FIN: 0719672693

Admission Date: 8/18/2012

Discharge Date: 8/20/2012

MRN: 00645773z; 004278201c

CMRN: 1009779108

**Diagnostic Radiology****Impression**

Impression: Reidentified comminuted fracture of the greater trochanter of the right femur with overlying bullet fragments. Mild surrounding soft tissue swelling and subcutaneous emphysema.

Electronically signed by: ADEJIMI ADENIJI

Date: 08/20/12

Time: 11:17

\*\*\*\*FINAL REPORT\*\*\*\*

Reading Radiologist: ADENIJI MD, ADEJIMI O

Electronically Signed by: ADENIJI MD, ADEJIMI O

On: 08/20/2012 11:17 am

Accession	Exam Date/Time	Exam	Ordering Physician	Status	PATIENT AGE AT EXAM
DX-12-0167791	8/19/2012 05:08 CDT	Knee Min 3 Views Right	MALONE MD, EDWIN	Auth (Verified)	18 years

**Reason For Exam**

(Knee Min 3 Views Right) 1-Trauma

**Findings**

Two frontal views, no fracture.

Electronically signed by: JOHN KEEN

Date: 08/19/12

Time: 10:03

Accession	Exam Date/Time	Exam	Ordering Physician	Status	PATIENT AGE AT EXAM
CT-12-0049062	8/19/2012 16:12 CDT	CT Angiogram Upper Extrem w/Contrast	MALONE MD, EDWIN	Auth (Verified)	18 years

**Reason For Exam**

(CT Angiogram Upper Extrem w/Contrast) Trauma

Report Request ID: 271941048

Page 14 of 37

Facility: Stroger

Location: Trauma OBSV; 1309; A

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P. 17



**12/31/2014 - Admission (Discharged) in NM Northwestern Memorial Hospital (continued)**

**Consult Notes (continued)**

Post-contrast pelvic urogenital structures: There is a 1.4 cm radiopaque foreign body, presumably a bullet, in the colovesical region, either abutting the posterior bladder wall or possibly within the bladder. There is surrounding hyperdensity, which may

represent dystrophic calcification around this foreign body. The prostate is present.

Lung bases: There is subsegmental atelectasis at the lung bases. The heart is normal in size. There is no pleural effusion.

Liver, spleen and biliary tree: The liver is normal in size. There is no intrahepatic mass. The gallbladder is present. There is no intrahepatic or extrahepatic biliary ductal dilatation. The spleen is normal in size.

Pancreas: The pancreas is normal in size and enhances homogenously.

Adrenal glands: The adrenal glands are normal in size and shape.

Lymph nodes:

Abdomen: There is no abdominal adenopathy.

Pelvis: There is no pelvic adenopathy.

Vasculature: There is no abdominal aortic aneurysm.

Peritoneum/mesentery/omentum: There is no free fluid or free air.

GI tract: There is no bowel obstruction.

Body wall: There is a radiopaque metallic foreign bodies near the left acetabulum (3/218), overlying the left gluteal region (3/231), and overlying the right femur (4/66). There is an old fracture of the right femoral greater trochanter. There are bony fragments adjacent to the left pubic ramus, compatible with sequelae of prior injury.

**IMPRESSION:**

1. There is a round focal lobulated heterogeneous area of low attenuation in the upper pole of the left kidney, which may represent early/developing abscess or pyelonephritis. Posttreatment imaging recommended to evaluate for resolution.
2. A peripheral wedge-shaped area of low attenuation in the lower pole of the left kidney is compatible with pyelonephritis.

**12/31/2014 - Admission (Discharged) in NM Northwestern Memorial Hospital (continued)**

**Consult Notes (continued)**

3. There is a radiopaque foreign body in the colovesical region either abutting the posterior bladder wall or possibly within the bladder. There is surrounding calcific density which may represent dystrophic calcification around the bullet. Correlate with prior imaging and surgical history.

4. Numerous radiopaque foreign bodies in the pelvis, as described above.

5. Old fractures of the right femoral greater trochanter. Bony fragments near the left pubic ramus are compatible with sequelae of prior traumatic injury.

-- images reviewed

-- hypoattenuation in L kidney c/w pyelo

-- retained bullet between bladder and rectum with surrounding calcifications; unclear if this is actually within the bladder or abutting the posterior wall but calcifications at least probably within bladder

**Summary:**

21 yo M with h/o multiple GSWs in past, including GSW ~1.5 years ago that reportedly resulted in retained bullet fragment in the bladder presents with fevers, chills, malaise, hematuria.

**Recommendations:**

-- no acute intervention

-- continue empiric antibiotics

-- f/u Ucx

-- consider repeating imaging of kidney with CT wwo if a few days not clinically improving with abx (to r/o abscess as described in CT report above)

-- needs cystoscopy to evaluate bladder and retained bullet fragment with surrounding calcifications/stone; if within bladder likely source of infection. need negative Ucx before proceeding with endoscopic manipulation. However, if cysto confirms bullet

in bladder, removing bullet fragment would likely require open operation.

-- page urology with ?s/concerns

d/w Dr. Lin

Alexander Glaser MD

Urology PGY3

57058

Subject: Addendum by MORRISON, CHRISTOPHER on 31 December 2014 13:55

Patient seen by Dr. Lin. Recommend broadening antibiotic coverage until cultures have resulted. Recommend repeat CT scan on Monday to assess for drainable renal abscess. If patient is not improving clinically, can consider earlier CT scan. No urgent



**Cook County Health and Hospitals System**

1900 West Polk Street, Chicago, Illinois 60612

Patient Name: MCGRAW, JEFF

Patient Type: Visit CHS

Birth Date:

Gender: Male

Admission Date: 1/5/2015

Discharge Date: 3/19/2015

FIN: 20150105177

MRN: 00645773z; 004278201c

CMRN: 1009779108

**Medical infirmary**

Bilirubin Urn	NEGATIVE
<b>Blood Urn</b>	<b>LARGE</b>
Nitrite Urn	NEGATIVE
<b>Urobilinogen</b>	<b>2</b>
<b>Leukocyte Esterase</b>	<b>LARGE</b>
Bacteria	FEW
Epithelial Cells	1
Mucous	MANY
RBC Urn	463
Trans EPI	1
WBC Urn	196

**Imaging Results**

X-ray: Urinary Calculus

**FINDINGS**

Indication: Urinary calculus

Technique: Abdomen flat plate

Comparison: None

Findings: Contrast is noted within the portions of the ascending colon, transverse colon, descending colon and in the rectosigmoid region which obscures detail. Nonobstructing bowel gas pattern.

There is approximately 4 cm radiopaque density noted in the midline pelvis which may represent fecalith, cannot entirely exclude bladder calculus.

Metallic bullet fragments projected in the pelvis and left ischium. Well defined ossific density projected adjacent to the left ischial spine, likely posttraumatic changes.

**IMPRESSION**

Impression: As stated above.

Electronically signed by: ANITA KELEKAR

Date: 01/07/15

**Impression and Plan****Impression and Plan: Plan**

Urinary calculus

-pt currently refusing further evaluation/labs/ct/us

-refusal signed

Report Request ID: 275003088

Page 23 of 107

Facility: CHS

Location: RCDC

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5CDA9DDE1BDC46779196, MCGRAW, 32

P. 20

**Cook County Health**

1900 West Polk Street, Chicago, Illinois 60612

Patient Name: MCGRAW, JEFF

Patient Type: Emergency

Birth Date:

Gender: Male

FIN: 0770341766

Admission Date: 4/15/2016

Discharge Date: 4/16/2016

MRN: 00645773z; 004278201c

CMRN: 1009779108

**CT Scan**

Accession	Exam Date/Time	Exam	Ordering Physician	Status
CT-16-0021989	4/16/2016 02:12 CDT	CT Abdomen Pelvis w/ + PALIVOS MD, LISA R w/o Contrast		Auth (Verified)

**Reason For Exam**

(CT Abdomen Pelvis w/ + w/o Contrast) Other (Enter in "Other Reason" field)

**Findings**

Indication: 22 year-old male, rule out kidney stone. Review prior imaging reveals history of prior GSW involving the pelvis with retained bullet fragments.

Technique: CT of the abdomen/pelvis without and with 120 mL Omnipaque 350 IV contrast. Multiple reformats were obtained.

Comparison: Abdominal x-ray from 1/6/15.

**Findings:**

Scarring in the bilateral lung bases. No pleural effusions.

Heart size within normal limits comment a pericardial effusion.

No focal liver lesions. Gallbladder, spleen, pancreas, adrenal glands and kidneys are within normal limits. No calcified obstructing urinary tract stones identified. No hydronephrosis.

No evidence of bowel obstruction. The appendix is normal. No pneumoperitoneum. Appendix is normal

Redemonstrated posttraumatic changes and retained bullet fragments involving the left inferior pubic ramus and acetabulum and right proximal femur and overlying soft tissues. Multiple retained bullet fragments are also identified in the left gluteal musculature and within the pelvis and anterior inferior abdominal wall.

Bladder is not well distended, limiting evaluation.

Prostate appears normal in size.

No lymphadenopathy detected.

No acute fractures identified.

**Impression**

Impression:

1. No calcified or obstructing urinary tract stone as clinically questioned.

Report Request ID: 271941044

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Facility: Stroger

Location: SHCC ED

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88471C4D0EFC439AB2C0, MCGRAW, 16

P. 21



11/12/1993

00645773z; 004278201c  
20150507039

\* Auth (Verified) \*



Cermak Health Services of Cook County  
2800 S. California Avenue  
Chicago, IL 60608

# DETAINEE HEALTH SERVICE REQUEST FORM

Mark box ☒ on the left of answers or print in space provided.  
Side 1 - English

Name: Jeff McGraw Today's Date: 6-17-15  
ID #: 2015-0507039 Division: 1 Tier: E2 Birth Date:             
(Booking Year) (Number)

FOR A MEDICAL / DENTAL / MENTAL HEALTH PROBLEM USE A SEPARATE REQUEST  
FORM FOR EACH PROBLEM. EACH FORM WILL BE SENT TO THE APPROPRIATE  
HEALTH SERVICE PROVIDER.

☐ I want information about HIV / AIDS

Describe your problem: I have been shot 15 times  
and have had nerve damage in my  
right arm and left leg

How long have you had this problem? 6+ days / weeks / months (circle one)  
Next Court Date: 7/7/15

**!!!STOP!!! DO NOT WRITE BELOW THIS LINE**

Referred to: ☒ Medical ☐ Dental ☐ Mental Health ☐ Health Educator ☐ DOC Date:           

Initial Provider Note:           

M. Webster be seen and  
was given 17 hrs. when taken  
will be put. Ref to PC  
Signature/Title:            Date:            Time:           

Secondary Disposition: (as indicated): Recommended Follow-up: ☐ Sick Call ☐ PRN

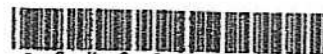
Signature/Title:            Date:            Time:             
Confidential PC 6/10/15

Appointment Scheduler:

Appointment Date:           

Signature/Title:           

Date:            Time:           



JUN 18 2015 04:10:14



Form#: 56322 Rev. March 2005

5CDA9DDE1BDC46779196, MCGRW, 230

11/12/1993

00645773z; 004278201c  
20150507039

\* Auth (Verified) \*



CERMAK HEALTH SERVICES OF COOK COUNTY

Health Service Request Form

Last Name: McGraw

First Name: Jeff

Division/Tier: 9-34

Date of Birth: \_\_\_\_\_

CCDOC# 20150507039

Today's Date: 7-08-15

PLEASE TELL US ABOUT YOUR HEALTH NEEDS:

MEDS	<input checked="" type="checkbox"/> I am NOT getting my prescribed medication.
	<input type="checkbox"/> I need a refill of my prescribed medications.
	Name of medication(s): <u>Xanax, Calonapin, Gabapentin</u>
	Date last received medication: <u>never</u>
	<input type="checkbox"/> Other: _____
MEDICAL	I would like to:
	<input checked="" type="checkbox"/> Receive an HIV Test or Information about HIV/AIDS
	<input checked="" type="checkbox"/> Be screened for Sexually Transmitted Infections:
	<input checked="" type="checkbox"/> No Symptoms <input type="checkbox"/> Discharge or Burning when I urinate
	I have the following Medical problem(s):
	<u>Left arm has bad nerve damage from being shot.</u>
	<u>have bad nerve damage from being shot 18 times and can't</u>
	<u>Sleep at night and arm and legs twitch.</u>
MENTAL HEALTH	I have the following Mental Health problem(s):
	<u>have bad anxiety from being shot so many times</u>
	<u>and oftenly have anxiety attacks every day and night.</u>
	<u>Can't sleep at night and feeling down every day.</u>
DENTAL	NOTE: ORAL HEALTH CLEANINGS ARE PROVIDED ONCE A YEAR
	I have the following dental problem(s):
	<input type="checkbox"/> Face swollen <input type="checkbox"/> I can't open my mouth
	<input checked="" type="checkbox"/> Toothache -> Circle Pain Level: low 1 2 3 4 5 6 7 8 9 10 high
	<input type="checkbox"/> Loose tooth from recent trauma Date of trauma <u>7/1/15</u>
	<input type="checkbox"/> Other: _____
EYE	<input type="checkbox"/> I would like to be seen by an EYE Doctor for eyeglasses
	<input type="checkbox"/> Other: _____

How long have you had the above problem(s)? (#) 4 days / weeks / months (circle one)

Have you submitted a Health Service Request for this problem within the past 2 weeks? ☒ Yes ☐ No

STOP!!!! PLEASE DO NOT WRITE BELOW THIS LINE STOP!!!!

HSR Collected by: C

Date: 7/14/15

Paper Triage by nurse: C

Date: 7/14/15

Referral: \_\_\_\_\_

☐ Now ☐ Today

☒ Routine

Entered into Cerner by: [Signature]

Date: 7/14/15

Patient Seen by: [Signature]

Date: 7/14/15

CHS Form 86322 Rev March 2014

2015 JUL 14 11:11:05

DATE/TIME STAMP

4HS

7/14/15

seen by

5CDA9DDE1BDC46779196, MCGRAW, 222

Page 93 of 200

P. 23





\* Auth (Verified) \*



CERMAK HEALTH SERVICES OF COOK COUNTY

Health Service Request Form

Last Name: McGraw

First Name: Jeff

Division/Tier: 9-3H

Date of Birth: \_\_\_\_\_

CCDOC# 20150507039

Today's Date: 8-23-17

PLEASE TELL US ABOUT YOUR HEALTH NEEDS:

MEDS	<input checked="" type="checkbox"/> I am NOT getting my prescribed medication.
	<input type="checkbox"/> I need a refill of my prescribed medications.
	Name of medication(s): _____
	Date last received medication: <u>7/8/17</u>
	<input type="checkbox"/> Other: _____
MEDICAL	I would like to:
	<input type="checkbox"/> Receive an HIV Test or Information about HIV/AIDS
	<input type="checkbox"/> Be screened for Sexually Transmitted Infections: <input type="checkbox"/> No Symptoms <input type="checkbox"/> Discharge or Burning when I urinate
	I have the following Medical problem(s): <u>My nerves in my arm and hand have been very itchy sometimes it tingle and burn very bad. I need a copy of my Eye prescription so I can get my contacts please</u>
MENTAL HEALTH	I have the following Mental Health problem(s): <u>My Meds do not work; need a bigger dosage</u>
DENTAL	NOTE: ORAL HEALTH CLEANINGS ARE PROVIDED ONCE A YEAR
	I have the following dental problem(s): <input type="checkbox"/> Face swollen <input type="checkbox"/> I can't open my mouth <input type="checkbox"/> Toothache -> Circle Pain Level: low 1 2 3 4 5 6 7 8 9 10 high <input type="checkbox"/> Loose tooth from recent trauma Date of trauma <u>1/1</u> <u>9-8</u> <input type="checkbox"/> Other: _____
EYE	<input type="checkbox"/> I would like to be seen by an EYE Doctor for eyeglasses <input type="checkbox"/> Other: _____

How long have you had the above problem(s)? (#) 2 days / 1 weeks / 9-13 months (circle one)

Have you submitted a Health Service Request for this problem within the past 2 weeks? ☐ Yes ☒ No

STOP!!!! PLEASE DO NOT WRITE BELOW THIS LINE STOP!!!!

HSR Collected by: [Signature] Date: 8/23/17  
 Paper Triage by nurse: [Signature] Date: 8/23/17  
 Referral: ☐ Now ☐ Today ☒ Routine  
 Entered into Cerner by: [Signature] Date: 8/23/17  
 Patient Seen by: [Signature] Date: 1/1

CHS Form 86322 Rev March 2014

Rf p am 210

DATE TIME STAMP  
8/23/17  
9:14



**Cook County Health**

1900 West Polk Street, Chicago, Illinois 60612

Patient Name: MCGRAW, JEFF

Patient Type: Clinic Outpatient

Birth Date:

Gender: Male

FIN: 0801873548

Admission Date: 10/15/2018

Discharge Date: 10/15/2018

MRN: 00645773z; 004278201c

CMRN: 1009779108

**Neurology Outpt**

Sensation: nl sensation to LT, diminished sensation to PP in digits 4 1/2 and 5.

Coord: no dysmetria on ftn or hts, nl RAM

Gait: nl casual and tandem gait.

**Impression and Plan**

**Impression:** Patient is a 24yoM with h/o /, HTN and GSW 5 years ago with residual RUE numbness. Patient describing worsening symptoms of pain and burning. Patients symptoms are likely residual from known C8 traumatic radiculopathy. However, given patients description of worsening symptoms, would like EMG/NCS to evaluate for additional ulnar neuropathy. Described that it takes time for nerve injury to heal and that symptoms could be persistent, particularly given chronicity of his injury. Described medication options including gabapentin which patient states that he remembers trying with some improvement as well as lidocaine patches and ointment.

Recommend the following:

- Can consider addition of medication for patients burning pain including gabapentin 100mg TID vs. lidocaine patch or lidocaine topical ointment
- EMG/NCS to evaluate for additional nerve injury
- Patient was given my office number and advised to call with any additional questions or worsening symptoms. For emergency situations, patient was advised to call 911 and/or present to the ER immediately.
- Discussed above with patient. Patient verbalized understanding.
- Followup with PCP.

**Diagnosis**

Radiculopathy affecting upper extremity : ICD10-CM M54.10, Discharge DX, Medical.

Electronically Authored On: 15-Oct-18 13:34

Electronically Signed By: WARRIOR MD, LAKSHMI

PAGER BUS: 312 400 4556

Report Request ID: 271941041

Page 5 of 6

Facility: ACHN

Location: Neurology (SC)

CONFIDENTIAL: If the reader of this report is not the intended recipient; or the employee or agent responsible, you are hereby notified that any reading, dissemination, distribution or copying of this communication is strictly prohibited. If you receive this communication in error, please notify the appropriate party immediately.

88471C4D0EFC439AB2C0, MCGRAW, 52

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**12/31/2014 - Admission (Discharged) in NM Northwestern Memorial Hospital (continued)**

**Clinical Notes (continued)**

-- Weakness, dizziness or fainting

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You were admitted for a left sided kidney infection (pyelonephritis). We were concerned there may have been an abscess by the kidney based on the initial CT scan, but the kidney ultrasound we obtained 1/2/15 was reassuring that there is no clear sign of abscess at this time. You will need to have another CT scan in 2 weeks to make sure the infection continues to resolve.

You will also need to follow up with the urology doctors (Dr Lin) in 2 weeks after you have your CT scan. Please call NMH Computed Tomography (312) 926-6366 to schedule an appointment and for pre-registration. Your appointment will be scheduled in either Galter Pavilion at 251 E Huron, 4th floor or Arkes Family Pavilion at 676 N St Clair, 2nd or 3rd floor. They will address the bullet fragments in your bladder at that time. It is important for the infection in your kidneys to have resolved before they address the bullet fragments.

In the meantime, please take your antibiotic (ciprofloxacin) twice daily every day. We are giving you enough for a 1 month supply. Urology will address how long your overall course of treatment will need to be.

To do:

- Take ciprofloxacin (antibiotic) twice daily every day to treat the kidney infection
- Please call NMH Computed Tomography (312) 926-6366 to schedule an appointment and for pre-registration. Your appointment will be scheduled in either Galter Pavilion at 251 E Huron, 4th floor or Arkes Family Pavilion at 676 N St Clair, 2nd or 3rd floor
- Make sure your appointment is scheduled with Dr Lin in Urology in approximately 2 weeks. He needs to see you after you have the CT scan done
- To obtain a copy of your Ultrasound, CT scan, and any other medical records you would like to obtain, please call the medical records department at 312-926-3375 or visit them on the Feinberg Pavillion Mezzanine room 702. If you have any difficulty obtaining imaging records, please call Medical Records Imaging Services at 312-926-5100. Unfortunately we are not able to physically provide you with these records ourselves prior to discharge.

Electronically signed by Edi, Nm P1 Cerner Transcription Conversion (999963103) at 7/18/2019 10:02 PM

**Inpatient Medication Chart**

**Almanza, Carlos, MD at 12/31/2014 0000**

Author: Almanza, Carlos, MD

Service: —

Author Type: —

Filed: 11/21/2018 12:54 PM

Date of Service: 12/31/2014 12:00 AM

Status: Signed

Editor: Edi, Nm P1 Cerner Transcription Conversion (999963103)

Medication Reconciliation - Physician Entered On: 12/31/2014 5:35  
Performed On: 12/31/2014 5:35 by ALMANZA, CARLOS

Physician - Medication Reconciliation

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**12/31/2014 - Admission (Discharged) in NM Northwestern Memorial Hospital (continued)**

**Provider Progress Notes (continued)**

reportedly resulted in retained bullet fragment in the bladder presents with fevers, chills, malaise, hematuria, clinical signs/symptoms and imaging c/w pyelonephritis.

**Plan**

\*-- no acute intervention

-- please continue culture directed antibiotics for a total of 1 month on discharge.

-- please coordinate CT AP in 2 weeks, f/u as outpatient w/ Dr. Lin within a few days after CT.

-- needs cystoscopy as outpatient to evaluate bladder and retained bullet fragment with surrounding calcifications/stone; if within bladder likely source of infection. need negative Ucx or appropriate antibiotic coverage before proceeding with endoscopic

manipulation. If endoscopic eval confirms bullet in bladder, removing bullet fragment would likely require open operation

-- page urology with ?s/concerns

d/w Dr. Maxwell

Louis Revenig

PGY-1

Subject: Addendum by MAXWELL, MD, KELLY M. on 04 January 2015 8:40

I have seen and examined the patient on 1/3/14 am. I have reviewed the patient's history, hospital course, physical exam, test results, diagnoses, and plan of treatment with Dr. Revenig.

I note the following:

afebrile x 24h, repeat imaging with u/s showed no drainable collection, labs normalized. medicine team planning discharge with oral abx.

**Exam:**

gen- nad

resp- nonlabored

ext- no edema

**Labs:**

**Latest Results:**

CBC (01/03/15 10:05)

CHEM (01/03/15 10:05)

\ 13.9 /  
(01/03/15 10:05) 8.9

5.4 ----- 243

138 | 103 | 5 /

----- 98

CA

MG

**04/01/2015 - Admission (Discharged) in NM Northwestern Memorial Hospital (continued)**

**Procedure Notes (continued)**

**Procedures signed by Christopher M. Gonzalez, MD at 4/23/2015 9:02 AM**

Author: Christopher M. Gonzalez, MD Service: (none) Author Type: Physician

Filed: 4/23/2015 9:02 AM Note Time: 4/1/2015 12:00 AM Status: Addendum

Editor: Christopher M. Gonzalez, MD (Physician)

Related Notes: Original Note by Christopher M. Gonzalez, MD (Physician) filed at 4/1/2015 1:55 PM

Procedure Orders:

1. PROCEDURE REPORT [106776324] ordered by Tran Interface at 03/30/15 0000

NORTHWESTERN MEMORIAL HOSPITAL  
PROCEDURE REPORT  
DATE: 04/01/2015

NAME:	McGraw, Jeff A	HOSPITAL #:	00066638-1397
PHYSICIAN:	Christopher M. Gonzalez, MD	BILLING #:	060035842875
PAT. TYPE:	OO	PATIENT LOC	612W124601
ADMIT DATE:	03/30/2015	DISCH DATE:	
		DOB:	11/12/1993

PREOPERATIVE DIAGNOSES: Bladder stone, bullet within the bladder, pelvic trauma.

POSTOPERATIVE DIAGNOSES: Bladder stone, bullet within the bladder, pelvic trauma.

PROCEDURE: Flexible cystourethroscopy, stone basketing from bladder, cystotomy, removal of bullet from the patient's bladder, placement of suprapubic tube.

ASSISTANTS: Dr. Elodi Dielubanza and Dr. Jackie Milose.

FINDINGS: Included a jagged bullet, which was found in the patient's bladder. This was removed through an anterior wall cystotomy. The patient also had some fragments from his previous EHL of his bladder stone, which were irrigated and basketed free from the bladder neck area and also from the bladder.

COMPLICATIONS: None.

ESTIMATED BLOOD LOSS: Less than 100 mL.

PRESENTATION: The patient is a 21-year-old male with a history of pelvic trauma. He has been shot on 2 separate occasions at least 16 times. CT scan in December 2014 revealed evidence of possible bullet versus stone impinging either just on the outside or within his bladder. Upon evaluation in the office, the patient refused cystoscopy in the office in order to fully assess, and he was brought to the operating room on 03/30/2015 for cystoscopy and evaluation. We did find the patient had large bladder stone at the time of cystoscopy. He then underwent EHL of the bladder stone and a bullet was found in the middle of the bladder



Regular rate and rhythm, S1/S2 audible, no murmur

☒ Yes ☐ No

Bruits/JVD


☐ Yes ☒ No

Edema

☐ Yes ☒ No

Other/Notes

Respiratory

 Respiratory

Respirations equal and unlabored, chest expansion symmetrical, no distress

☒ Yes ☐ No

CTA, no wheezes, rhonchi, rales

☒ Yes ☐ No

Other/Notes

GI

 GI

Abdomen normal in appearance, BS present x 4 quads

☒ Yes ☐ No

Abdomen soft, nontender, nondistended, no masses, no HSM

☒ Yes ☐ No

Other/Notes

Skin

 Skin

Skin pink, warm, and dry

☒ Yes ☐ No

No rashes, lesions

☐ Yes ☒ No

No dryness, thickening, or callusing

☐ Yes ☒ No

Other/Notes

## Assessment

### Diagnosis

1. BP elevated blood pressure in clinic, I will recommend BP checks for next 3 weeks, discussed reduced sodium intake and exercise
2. Chronic pain related to GSW, states he has poor pain control on ibuprofen and is requesting something different recommend switching to once daily meloxicam and Tylenol PRN for pain.

<b>Encounter</b>		<b>06-05-2023 09:58 AM</b>	
<b>McGraw, Jeff A</b>		<b>Jail ID# 458110</b>	<b>Gender: Male</b>
		<b>DOB :</b>	
<b>Dictation:</b>	<p>late entry:</p> <p>On 06/02/2023 at 0855 pm received a call from Lt. Perkins informing that patient has returned from the hospital and went to take a shower after which he was jumped by another inmate and then jumped off the top tier. For Lt. Perkins patient is sitting in a wheelchair in booking area complaining of leg pain and inability to put weight on it. Placed call to Cannataro, PA and order received to send patient out to the ER for evaluation and treatment. Lt. Perkins made aware of the provider's order to transfer patient to the ER. Report given to oncoming morning nurse.</p> <p>SIGNATURE: Electronic Signature: Electronically signed by KINGA PLATOS, RN on 06-05-2023 10:03:52 AM (Type: RN)</p>		
<b>Vitals:</b>			
<b>Condition Related To:</b>			
<b>Dates:</b>	<p>Current Illness Date:</p> <p>1st Date Of Illness:</p> <p>Unable To Work Dates:</p> <p>Hospitalization Dates:</p>		
<b>Diagnosis:</b>			
<b>Procedures:</b>			
<b>Providers:</b>	Attending Provider: PLATOS, KINGA, RN, ID:		
<b>Facility:</b>	Jerome Combs Detention Center		
<b>Encounter Type:</b>	Nurse - Sick Call Follow-Up		
<b>Sign Off:</b>	Signed Off By: KPLATOS on: 2023-06-05 Mon 10:03 AM		



McGraw, Jeff (MRN 2170370)  
ED Notes (continued)

Encounter Date: 06/02/2023

[MAR Hold] enoxaparin, 40 mg, abdominal subcutaneous, Q24H

**Continuous Infusions:**

**PRN Medications:**

- [MAR Hold] acetaminophen
- [MAR Hold] calcium carbonate
- fentaNYL
- [MAR Hold] hydrALAZINE
- HYDROmorphone
- [MAR Hold] HYDROmorphone
- [MAR Hold] lidocaine
- [MAR Hold] melatonin
- naloxone
- [MAR Hold] ondansetron \*\*OR\*\* [MAR Hold] ondansetron ODT
- ondansetron
- [MAR Hold] polyethylene glycol
- [MAR Hold] sennosides-docusate sodium

Matthew Tayon, DO

Anderson, Michael J, MD 6/3/2023 18:26

**MIDC ID CONSULTATION NOTE**

**Consult:** PNA management from prior admission

**HPI:** 29-year-old male with a past medical history significant for retained bullet fragment in his bladder.

He initially presented to Riverside Hospital on 5/30 for evaluation of abdominal pain, fevers, generalized malaise, and chills. He also had some nausea and vomiting. He was found to be febrile, w/ concern for PNA given GGO seen on imaging. Urine cx neg, and 1 pos blood cx w/ Micrococcus likely contaminant.

He was discharged yesterday to Jerome Combs and returned later last night as being jumped at the detention center sustaining a right knee injury w/ evidence of R tibial plateau fracture. Per officers present at bedside, he was punched in the abdomen/back multiple times. CT A/P done today with no acute abnormalities. He is afebrile and on RA with no respiratory sx.

**Abx:**

Cefepime/doxy from prior admit

**Review of Systems:**

- General-negative other than per HPI
- Heme/Lymph-negative other than per HPI
- Cardovascular-negative other than per HPI
- Respiratory-negative other than per HPI
- Gastrointestinal-negative other than per HPI

McGraw, Jeff (MRN 2170370) Printed by Ellis, Teresa, RN [1525] at 6/6/2023 3:57 AM

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McGraw, Jeff (MRN 2170370)  
ED Notes (continued)

Encounter Date: 06/02/2023

Lateral tibial plateau fracture with joint depression by greater than 2 cm.

Using aseptic technique, to help with pain control and swelling, right knee aspiration performed at bedside 180 cc of hematoma was aspirated using 18 g needle. He had immediate and significant pain relief.

**Assessment/Plan:**

1. Right tibial plateau fracture. Schatzker 2

We had a long discussion regarding the nature of the patient's condition and the treatment options available. All of their questions were answered to their satisfaction. Our current treatment plan includes:

Given patient's age, baseline level of function, and unstable nature of injury/fracture pattern, we discussed surgery in the form of **right tibial plateau open reduction internal fixation and allograft bone** with shared decision-making framework. I showed him his CT scan, and showed him images of what he can expect in terms of post operative x-rays.

I discussed the procedure and post operative course as well as reasonable expectations of surgery. Additionally, I discussed risks of surgery including specifically: wound complications, infection, bleeding, nerve damage, vessel damage, DVT/PE, persistent pain, joint stiffness, need for hardware removal/need for future surgery (in particular need for total knee arthroplasty in the future), failure to heal (especially in cigarette smokers). Given the joint depression, I discussed that he will develop arthritis in his knee. Goal of surgery would be to obtain a stable knee that is functional. However, with the severity of his joint depression and incongruity, his knee will never feel like it did prior to his injury. The patient accepted these risks and opted to proceed. All questions were answered to patient's satisfaction. Verbal consent for the procedure was obtained.

Jason Shin, MD

Date: 6/3/2023 Time: 4:33 PM

Original note by Shin, Jason, MD at 6/3/2023 17:12

Shin, Jason, MD 6/3/2023 17:12

**Consult Note**

**Subjective:**

Patient ID: Jeff McGraw. MRN: 2170370

Requesting Physician: Tayon, Matthew, DO

Reason for referral  
Right tibial plateau fracture

**HPI**

Jeff McGraw is a 29 y.o. male who initially presented with right knee injury on 6/2/2023. He was recently discharged from hospital for a chest infection. He was in an altercation. He presented to ER.

Isolated injury right knee.

McGraw, Jeff (MRN 2170370) Printed by Ellis, Teresa, RN [1525] at 6/6/2023 3:57 AM

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McGraw, Jeff (MRN 2170370) Encounter Date: 06/02/2023

32MM - LOG1041892 SCREW CORTEX SELF- TAPPING 3.5 X 42MM - LOG1041892 SCREW LOCKING VA SELF TAPPING 3.5 X 85MM - LOG1041892 screw cortex self tapping SCREW LOCKING VA SELF TAPPING 3.5 X 70MM - LOG1041892	TAPPING 3.5 X 32MM SCREW CORTEX SELF- TAPPING 3.5 X 42MM SCREW LOCKING VA SELF TAPPING 3.5 X 85MM  SCREW LOCKING VA SELF TAPPING 3.5 X 70MM	SYNTHES (USA)          SYNTHES (USA)       SYNTHES USA SYNTHES (USA)	Right 1          Right 2  Right 1	Implanted          Implanted   Implanted
--	--	--	---	---

**Estimated Blood Loss:** 250 cc**Operative Findings:**

Severely comminuted lateral tibial plateau with impacted articular surface

**Indications for Procedure:**

The patient is a 29 y.o. year old male who sustained an injury after altercation in prison. The patient was found to have sustained a proximal tibia fracture (lateral plateau Schatzker type 2). They were initially splinted in ED. Please see clinic documentation for full details regarding the injury and treatment prior to surgery. The patient was counseled on nonoperative as well as operative management. Nonoperative management would include splinting activity modification and nonweightbearing status for a period of time. Given the nature of the fracture, we agreed that nonoperative management would not be the ideal treatment option for patient care. The risks of surgery were outlined which included but were not limited to infection, bleeding, nerve damage, nonunion, malunion, delayed union, need for further surgery as well as need for revision surgery, future total knee arthroplasty and potential need for hardware removal or hardware breakage. In particular, with his joint depression, and comminution, I discussed with patient that he will develop osteoarthritis and will eventually require total knee arthroplasty. Risk of anesthesia, per-operative risks such as stroke and cardiac arrest. Benefits of surgery would be potential improved pain, function and mobility. The patient elected to proceed. The patient obtained preoperative medical optimization. The patient had to elevate the affected extremity. They were assessed and cleared for surgery by hospitalist/PCP. The plan for surgery was open reduction internal fixation of tibial plateau.

**Description of the Procedure:**

The patient was met in the preoperative holding area the day of surgery where informed consent was again reviewed and signed. The surgical site was marked by me with a marking pen. The patient was transferred back to the Operating Room and placed supine on the Operating Room table with all bony prominences well padded. The patient was placed under general endotracheal anesthesia. The lower extremity splint was removed. After this was completed, the marked lower extremity was prepped with Chloraprep solution and the injured lower extremity was draped in usual sterile fashion. Preoperative antibiotics were given within 1 hour of incision for prophylaxis. An SCD was attached to the contralateral leg for DVT prophylaxis. Prior to incision, a time-out was held in accordance with hospital policy confirming the correct patient, site and side of surgery as well as the procedure to be performed. All in attendance were in agreement.

Attention was turned to lateral side. Curved incision was made from lateral epicondyle extending down toward gerdy's tubercle and distally along anterolateral tibial crest. Skin flaps were raised and



D

**JEFF AHRMON MCGRAW**

#185034

Sex:

M

Height:

-

DOB:

Weight:

293.00 LBS

Age:

30

Billing:

Federal

**Samantha Baney APRN**Mental Health Provider Visit  
Encounter

Allergies:

Evaluation Required

04:41:10

08/28/2023 09:18

**Subjective****Chief Complaint/ HPI:**

I was asked to see this patient as he was referred to me by behavioral health clinician. Patient with a mental health history of anxiety and PTSD. He was compliant with his medications prior to being transferred here and they were continued upon his admission here. Pt reports he was incarcerated at Kankakee for about 2 months. He reports he was attacked in the shower within the first week. Pt reports he has been shot 15 times total, at two separate instances. Pt reports still struggling with symptoms while taking current medication. Pt reports anxiousness/restlessness, feeling on edge, (watching my back), frequent worry, subjective of depression, waking up 3-4 times a night due to nightmares. Patient reports numerous other medications tried: Trazodone, Remeron, Zyprexa, Prazosin. He reports side effects with all of them. He reports that he is trying to stay busy, but can't even walk around a lot because of the injury to his leg (from Kankakee). He reports that he is not able to fully function with the symptoms he has right now, and at times feels like his body is just going to "give out" because of all of this.

Anxiety

Depression

Bipolar

PTSD

ADHD

Schizophrenia

Schizoaffective disorder

Insomnia

Borderline personality disorder

Anger

Dissociative disorder

Drug / alcohol addiction

OCD

Paranoia

Psychosis

Other

**Past / Current Psychiatric History:****Past Medical History:**

HTN, Asthma

Pain- nerve damage s/p right leg surgery- May from attack in Kankakee.

**Social History:**

Cigarettes, Marijuana

**Family History of Mental Illness:**

Unknown

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